

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10/634695</i>	FILING DATE
						CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1			1				
2		1		1			
3	2		2				
4	2		2				
5	2		2				
6	2		2				
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50							
TOTAL IND.	1		1				
TOTAL DEP.	21	2	22				
TOTAL CLAIMS	22	22	22				